

EXHIBIT 16

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Via: Email

Date: 05/28/2021

Saul Bienenfeld, Esq.
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Phone: 212-363-7701

Re: United States v. Aaron Weinreb

Thank you for referring Dr. Weinreb for a neuropsychological evaluation to determine his current psychological/affective/behavioral status.

NEUROPSYCHOLOGICAL EVALUATION

Friday, May 28, 2021

Name: Aaron Weinreb

Date of Birth: 08/28/1971

Age: 49-8

Dates of Evaluation: 05/20/2021; 05/21/2021; 05/24/2021

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Reason for Referral/Identifying Information:

Dr. Weinreb is a Caucasian male who is fluent in English, Yiddish, and Hebrew. He was referred for a neuropsychological evaluation by Saul Bienenfeld, Esq., 05/16/2021. Dr. Weinreb was seen remotely over HIPAA-compliant visual sessions on 05/20/2021, 05/21/2021, and 05/24/2021 for a total of about 13 hours. Interview and neuropsychological evaluation were performed solely by the undersigned. The history that follows is my best understanding of the course of events as directly reported to me by the applicant.

Prior to beginning this evaluation, I explained to Dr. Weinreb that this evaluation was not confidential and the results of our interview and testing would be shared with you and possibly others involved in this matter. I explained to Dr. Weinreb that agreements have been made to conduct this evaluation. I further informed him that we were not entering into a doctor-patient relationship. Dr. Weinreb was urged to use his best efforts throughout this evaluation. I explained the various aspects of our planned psychological evaluation and ensured that Dr. Weinreb fully understood what he would be asked to do over the course of this examination. He indicated that he understood these limits and agreed to proceed with this evaluation.

ASSESSMENT METHODOLOGY

Dr. Weinreb was explained the purpose and process of neuropsychological evaluation and was informed as to the purpose of the assessment and applicable limitations of confidentiality. He apparently understood this information and agreed to participate in the evaluation process. Dr. Weinreb signed informed testing agreement in accordance with ethical and legal requirements in professional psychology.

Tests Administered and Documents Reviewed

Psychodiagnostic and neuropsychological instruments administered included the following:

- Biopsychosocial history interview
- Health Problems Checklist
- Beck Depression Inventory –II (BDI-II)
- Beck Anxiety Inventory (BAI)
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- Hare Psychopathy Checklist - Revised (PCL-R: 2nd Edition)
- Malingering Probability Scale (MPS)

Records Reviewed:

- United States District Court For The Eastern District Of New York. United States of America vs. Aaron Weinreb. Presentence Investigation Report. Dated 05/04/2021. Docket No.: 0207

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1:20CR00006(S-1)-001(BMC). Prepared for: The Honorable Brian M. Cogan, United States District Judge. Prepared by: Patricia A. Sullivan, Senior United States Probation Officer. Sentence Date: June 1, 2021. Offense: Count 1: Coercion and Enticement to Engage in Criminal Sexual Activity, 18 U.S.C. 2422(a). Not More than 20 years imprisonment/\$250,000 fine (Class C Felony).

- Letter by Alferdo Nudman, M.D., Advanced Neuropsychiatric Care. Dated: 05/27/2021. Letter indicates Dr. Aaron Weinreb has been under Dr. Nudman's care since 07/16/2020 for the diagnoses of Major Depression, Anxiety Disorder, and Impulse Control, and treated with Prozac, Trazodone, and Klonopin, along with psychotherapy "with very good results." Dr. Nudman shared that Dr. Weinreb has shown compliance, consistency in attending therapy and SA sessions, commitment to his recovery and stability, and that as a result of his progress, medications have been discontinued and psychotherapy is still in effect. He also shared that Dr. Weinreb made significant progress, improved at regulating and controlling impulses and making decisions, shows remorse and guilt about his past actions and is able to verbalize how he plans to prevent falling into negative behaviors in the future.
- Letter of support by Mark Spitzer, M.D. FACOG, dated 05/05/2020. The letter describes Dr. Weinreb as having "relentless and uncompromising focus on the welfare of his patients," with a sense of professionalism, responsibility, integrity and honesty, and that he "selflessly took of his own time to work with residents" to develop their skills and improve their knowledge.
- Letter of support, Karen Toubi, D.O., dated 05/13/2020. The letter described Dr. Weinreb as "caring, responsible, always available, well-liked, and that "He never took advantage of his position of authority and treated the residents with respect, oftentimes performing menial tasks so that we, the residents, could focus on the more pressing things."
- Letter of support by Aaron H. Berger, M.D., dated 05/04/2020. The letter indicates Dr. Berger and Dr. Weinreb have been friends for 20 years, and accounts: "In August 2005, my wife was laboring with our youngest child, and the midwife simply could not delivery the baby. Ari was in the delivery unit at the time and came into the room and delivered the baby without a moment to spare."
- Letter of support by Apig J. Mosses, M.D., dated 05/04/2020. The letter describes Dr. Weinreb as "hard-working, caring and detail-oriented physician who did the best he could to serve his patients..." "had been a constant source of comfort to many families," and "a fine physician, colleague, and a friend."
- Letter of support by Andrew H. Scheinfeld, M.D., dated 04/28/2020. The letter describes Dr. Weinreb with "an outstanding reputation for providing excellent and compassionate OB/GYN care for his patients," and then on a personal matter, "despite his very demanding schedule Dr. Weinreb always took the time to speak with me..." his compassion and sensitivity helped me immeasurably."
- Letter of support by Yael Fuchs, M.D., P.C., dated 05/15/2020. The letter indicates, ""Dr. Weinreb, as a resident, worked hard, got along with his fellow residents and the staff, and was responsible and thorough toward our patients," and that "Several of his former patients have called my office for appointments. They all expressed their regret that he can no longer be their physician."

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- Mental Health Treatment History of Aaron Weinreb, provided on 05/29/2021 in response to my request. Per record, in 1997, Dr. Weinreb has seen a psychiatrist, a rabbi and licensed social worker, a clinical psychologist, and a therapist to consult prior to his marriage regarding his sexual orientation. Between 2010 and 2012 he attended a conversion therapy program for sexual orientation change. Between 2012 and 2013 he saw a psychologist and a therapist and briefly attended Sexaholics Anonymous program. After his arrest and to the present he has seen two therapists, two psychiatrists, and is attending Sexaholics Anonymous (SA). Note: The latter psychiatrist and therapist, in their support letters to the court, report significant progress and in the SA meeting Dr. Weinreb has now become a sponsor to other attendees.
- Letter by Aaron Weinreb, M.D. to The Honorable Brian M. Cogan (draft). He described a checklist in his mind, “‘Happily’ married to a woman, six amazing, healthy children together; a rewarding and lucrative job, and an upstanding member of my tight-knight religious community.” Dr. Weinreb described living a double life, lying to everyone and himself, and using sex as a “drug.” In the letter Dr. Weinreb was able to reflect on his childhood, his life-long struggle with having same-sex attraction as an orthodox religious Jew, married with children, his personal characteristics that have made him a successful OBGYN surgeon but also compulsive and risky in sex practices, the consequences of his actions, and his commitment to recovery.
- Letter by Florian J. Lewenstein, Ph.D., LCSW-R, dated 05/10/2021. The letter indicates Dr. Lewenstein has been treating Dr. Weinreb since 05/24/2020 twice a week “for intensive sessions that often go more than the usual hour.” It reports that Dr. Weinreb:
 - Never missed a session and was never late.
 - Has been consistently open and honest.
 - Remorseful, with no question that he understands the significance of his actions.
 - Demonstrated consistent commitment to the intensive long-term treatment.
 - Receiving treatment for post-traumatic stress disorder, impulse control issues and anxiety, comorbid issues.
 - Reported childhood of “extreme neglect and severe emotional and physical abuse.”
 - Impressions by Dr. Lewenstein, that “Dr. Weinreb’s involvement with a minor that led to his arrest is coincidental to his sexual issues.”
- Letters of support by physicians, former colleagues, dated April-May, 2020 (11 pages).
- Letters of support by family members of Dr. Weinreb, dated March-April, 2021 (22 pages).
- Letters of support by former patients of Dr. Weinreb, dated, April-July, 2020 (96 pages).
- Letter of support by fired of Dr. Weinreb, March-April, 2021 (41 pages).
- Letters of support by rabbis for Dr. Weinreb, dated April, 2021 (7 pages).
- Letters of support, charitable contributions by Dr. Weinreb, dated April-May, 2021 (9 pages).
- Letters of support by Dr. Weinreb’s former office staff, dated April-June, 2020 (5 pages).
- Letters of support by friends of Dr. Weinreb, dated March-April, 2021 (24 pages)
- Letters of support by Sexaholics Anonymous members, dated March-April, 2021 (22 pages).
- Aaron Weinreb, M.D.’s curriculum vita, community award letters, and documents discussing community charitable contributions by Dr. Weinreb, provided 05/24/2021.

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- Email communication between Aaron Weinreb and "SafeCo" representative and Liberty Mutual dated 05/21/2019, regarding a car accident.

Behavioral Observations

Dr. Weinreb is a thin-haired, brown-eyed, 49-year-old Caucasian male of Jewish descent whose native language is English. He arrived to his appointments dressed neatly in t-shirt and slacks. Dr. Weinreb arrived groomed, partly bald with receding hairline, and wearing prescription glasses with transparent rim. He presented with a yarmulka, the traditional appearance of an observant Jewish person. Dr. Weinreb reported his height to be 5'8 and weight to be about 175lb. Although not observed in person, his motor presentation seemed grossly intact. He completed all assessment procedures, and maintained good eye contact. Dr. Weinreb was oriented to time, place, and person, and knew the general purpose of the testing.

Dr. Weinreb presented as jittery with an affect congruent with his mood. He was friendly and cooperative, but also hypervertal, anxious, and approval-seeking. Dr. Weinreb displayed an array of emotions, often expected from intact individuals, appropriate with topic and mood. Dr. Weinreb cried and wailed several times during the evaluation when speaking of his children, and at times about his former wife. Dr. Weinreb was able to eloquently describe his current life problems and his personal history. When asked to perform on various tasks, Dr. Weinreb followed instructions, was appropriately engaged, and was able to complete the tasks at hand.

Dr. Weinreb did not display significant motor difficulties with speech. His tone was normal and his rate was at times fast. His vocabulary seemed to be that which would be expected for his level of education and life occupation. His sentence structure was intact. Dr. Weinreb responded appropriately to questions, providing thoughtful and reflective responses. Dr. Weinreb expressed himself well, and his speech was coherent. His attention and concentration were intact. Dr. Weinreb displayed good insight and judgment during interview and testing.

Dr. Weinreb presented with no evidence of paranoid content, fantasy, or wishful thinking. He denied current and history of suicidal ideation, intent or attempts. He reported being in a state of "catatonia," for about three months (likely to be a response of shock), after his arrest. Dr. Weinreb did not report or display hallucinations during the evaluation.

Medical and Developmental History

Dr. Weinreb denied history of any significant medical problems in childhood and adulthood.

Mental Health and Sexual History

Dr. Weinreb was asked to provide a historical account of mental health services he received over his lifetime. He shared that when he was engaged to be married, during about 3 months en-

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gagement, saw a psychologist once who told me, "[REDACTED]
[REDACTED]

Dr. Weinreb reported that he also consulted with the director of the psychiatry rotation program at the medical school he attended and she put him on Ativan until after he got married.

"I saw another psychologist for maybe three sessions. Stopped seeing him since I found out he was my wife's supervisor and I didn't realize that. Then saw a social worker for 6 weeks. He reassured me that I am going to be just fine. The chair of my department who was my rotation supervisor in psychiatry at Saint John University in Queens N.Y., prescribed me with Ativan and SSRI because I was anxious about the marriage. I told her about my sexual issues." Dr. Weinreb shared that he also confided in his rabbi and the rabbi told him he heard of such problems before and that he reassured him as well that "everything will be OK."

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

Dr. Weinreb reported that after the arrest he went to see “Dr. Desantis, Firstlight Psychological Services, which was court mandated, and attended therapy session with “Christina,” an LMHC for about 6 months - “She was very sweet and warm. We did not discuss sex therapy at all but talked about my wife and the kids and my mental health state.” He shared that subsequent to that he began seeing “Dr. Lowenstein,” and that he has seen him regularly for the past year. He shared that the therapy has been very helpful to him, his rapport with the doctor is very good, and that “I am ready to hear the truth and open up.”

Medications: Dr. Weinreb reported that prior to his arrest he was not prescribed medications. After the arrest he was prescribed: Trazodone, 50mg, at night, about twice to three times a week, Clonopine, .5mg, as needed (shortly after the arrest he used to take it 2 to 3 times a day and later about every two weeks), and prozac, 60mg, daily, at night time. He reported that about four weeks ago he discontinued the intake of Klonopin and Prozac and remained on Trazodone.

Family History and Current Functioning

Dr. Weinreb reported that he was born in Brooklyn, N.Y. to parents of Jewish Ashkenazi descent (father from Slovakia and mother from Romania). He is the younger of two boys; his brother is 51 years old, a personal injury lawyer, and married with one child.

Dr. Weinreb reported that his father’s occupation is an accountant and that currently he works part-time. His mother was a nurse and retired about 20 years ago. He shared that he grew up in an upper middle class home, and all of his physical needs were met.

When asked about his relationship with his father, he responded: “It’s complicated. I am living by my parents for the last 19 months and so it changed for a lot better. I see my father as very withdrawn. Not very emotionally involved. I grew up with a lot of shame of who my father was. In the last 19 months I have been working on seeing my father as a person with opinions and that he loves me, but it is a very awkward relationship. His conversations end quickly. As a child, he was very unattached. He is very giving financially and with his time but it was more of a convenience for him. For example, my mother does not like to travel a lot and he would take us out but

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he would bring his chair and magazine and give us the money we needed but would say just come back at a certain time. He was easy going and not disciplinary and some of my friends would love to have a father like that, but he was very uninvolved. Very uninvolved. My mother worked night shifts so my dad was in charge of getting us up to school in the morning and once or twice a week he would leave the same note, with money to take a cab to school with enough for lunch. The note would say, "Don't wake me up, please. I worked all night," and leave the money. He would do anything for me but he wouldn't initiate anything. My mother is very dominating. He would call her from the store seven times. He couldn't bring himself to do things without calling her. He is successful but I never knew it cause she would always beat up on him, insulting him in front of me, [REDACTED] She would not allow him to sit in the living room on the couch because she is into cleanliness and so he would lie down on a beach mat on the floor, every day, to do his reading for the night. She can't have him mess the lines on the carpet. So he is much more successful than I realized. I never had pride of my dad, that my friends would come over and see my dad. I lot of my therapy in the last year and a half was about that he loves me and that his way of showing it was to always do things that I needed. But it is very awkward with them in the house."

When asked about his relationship with his mother, Dr. Weinreb reported: "So my mom is probably the most loving human being God ever created. She just loves me more than anything in the world but unfortunately it is a double edge sword. She called me twice even now during lunch and she always has food for me and she treats me like a kid. "Mom, I am 49, and why are you doing this?" I tell her, and it has also come to me to realize there is an immense amount of control there. She leaves the house and always writes what I need to have for lunch. She is doing it pathologically and I respond back to her pathologically, I get irritated. In childhood I was very embarrassed about both of my parents. I dread even now any interaction they have with my friends. She did everything for me but then she told me about it again and again and she would tell my dad about it. She would brush my hat for me, my shoes for me, when I would go on Shiduch dates, and she would call on my phone while I am on the date to ask me how it's going, and her whole nursing station would ask me about it. I know it's her way of love but I can't stand it, and she is very manipulative and very egocentric and controlling and resentful, very fear driven, and she will tell you she has no character defects and what a great person she is. And I have to constantly tell her that she is not and that is what I am working on in therapy now, on accepting her for who she is, and not try to change her, and keep my side of the street clean, how I respond to her. My mom, if it's not her way she raises her voice in 10 seconds as soon as you don't do it, she yells and screams until you do it. She won't see it, that she does that. She gets very angry if I do it differently. She will get angry if I don't eat the pizza she made and made a sandwich; she will say that she loves me and that's why she knows I want pizza. When I was a child she always yelled at me but it was all in the name of being loved. Growing up it was awful. My mom would yell at my dad and insult my dad for everything and would blame him for everything. We lived in an apartment while everyone moved to a starter house and we didn't, and she blamed him for it. Now they are OK with each other. They fell into this routine."

Dr. Weinreb reported that at first he was

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Dr. Weinreb listed the names and ages of his six children. He became visibly emotional, and began recounting each child and the negative impact his circumstances have had on their state of mind and his relationship with them. Dr. Weinreb cried several times, while attempting to maintain his composure, when describing his children's emotional distress. "I try to maintain relationships as much as possible with my children. Some talk to me limitedly and some don't. Lots of distress. I have been hoping to learn with my son, but that is not realistic. I don't know if my children are receiving psychological help but I hope they do. I know the younger girls received school-based therapy for some time and the older girl saw a therapist. I have not seen Seth for a long time, and phone conversations are going poorly, mistrust."


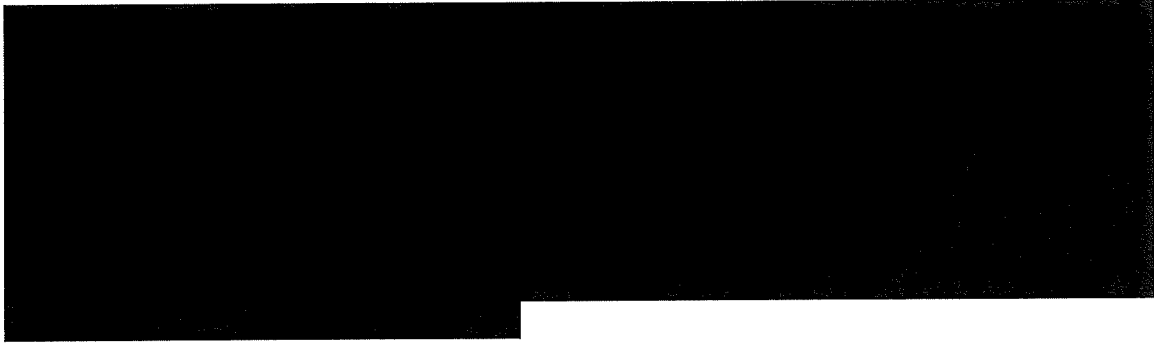

Dr. Weinreb reported that since January, 2020 he signed an agreement that is financial related to children's visitation. He shared that he did not see them for about one year, from January 2020 to January 2021, except for one 45 minute visit that a rabbi arranged in July of 2020.

Dr. Weinreb was crying throughout this section: "My kids need their father, they need a father. I am a normal guy. That I love them, I am not dead, I live five minutes from there. I cried to the rabbi to see them."

Social and Adaptive Functioning

Dr. Weinreb identified as a strictly religious orthodox Jew, often referred to as Litvish (non-Hasidic). He shared that he belongs to a community area often referred to as "The Five Towns."

He also identified as



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When asked about his behaviors in a social crowd, he shared, "Socially I am very social, very bubbly, very comfortable in the public. I have a lot of friends, into social events and always have a funny story to tell. I am a good listening ear."

When asked about future relationships, Dr. Weinreb reported: "I see myself having a relationship with a woman because I won't lie to her. I am a sex offender and she will know that and she will have her own situation and she will be aware of these complexities. It will be based on trust. The only right way to do it."

Academic and Professional Functioning

Dr. Weinreb reported that he graduated from Yeshiva of Far Rockway in Queens and received a high school diploma, Salutatorian.

He shared that he attended Mercaz Ha'Torah Yeshiva in Talpiot, Israel, for about 2 years and transferred 64 credits in Talmudic Law. He returned to N.Y., USA, and attended Chaim Berlin Yeshiva for about 2 years during the day and Brooklyn College at night and graduated with Judaic Studies degree and pre-med program. Prior to his acceptance to medical school, Dr. Weinreb returned to Israel and attended Mir Yeshiva in Jerusalem for 7 months. He completed medical school at SUNY between 1994 to 1998 and residency in New York Methodist Hospital between 1998 and 2002. He reported that between 2002 and 2009 he worked as a faculty attending and became associate residency program director (OBGYN) from 2005 to 2009. Dr. Weinreb shared that from 2009 to 2017 he was working in private practice. In 2017 his private practice transferred to be managed by NYU (referred to as "NYU Midwood location") and he became the medical director of the practice, a position he held up until the night of his arrest. Dr. Weinreb shared that from 2014 to 2019 he also held the position of the Director of Gynecology in N.Y. community hospital.


Substance Abuse and Legal History

Dr. Weinreb reported that he "hates" alcohol, that he does not like the effect that it has on him, and that he only drinks the required amount as per the religious obligation of the Sabbath under Jewish law. Dr. Weinreb denied use history of marijuana or other substances.

Dr. Weinreb denied legal history prior to the current legal circumstances. He disclosed that his cellphone and laptop were taken, and that no pictures of minors or minor pornography were found on his phone.

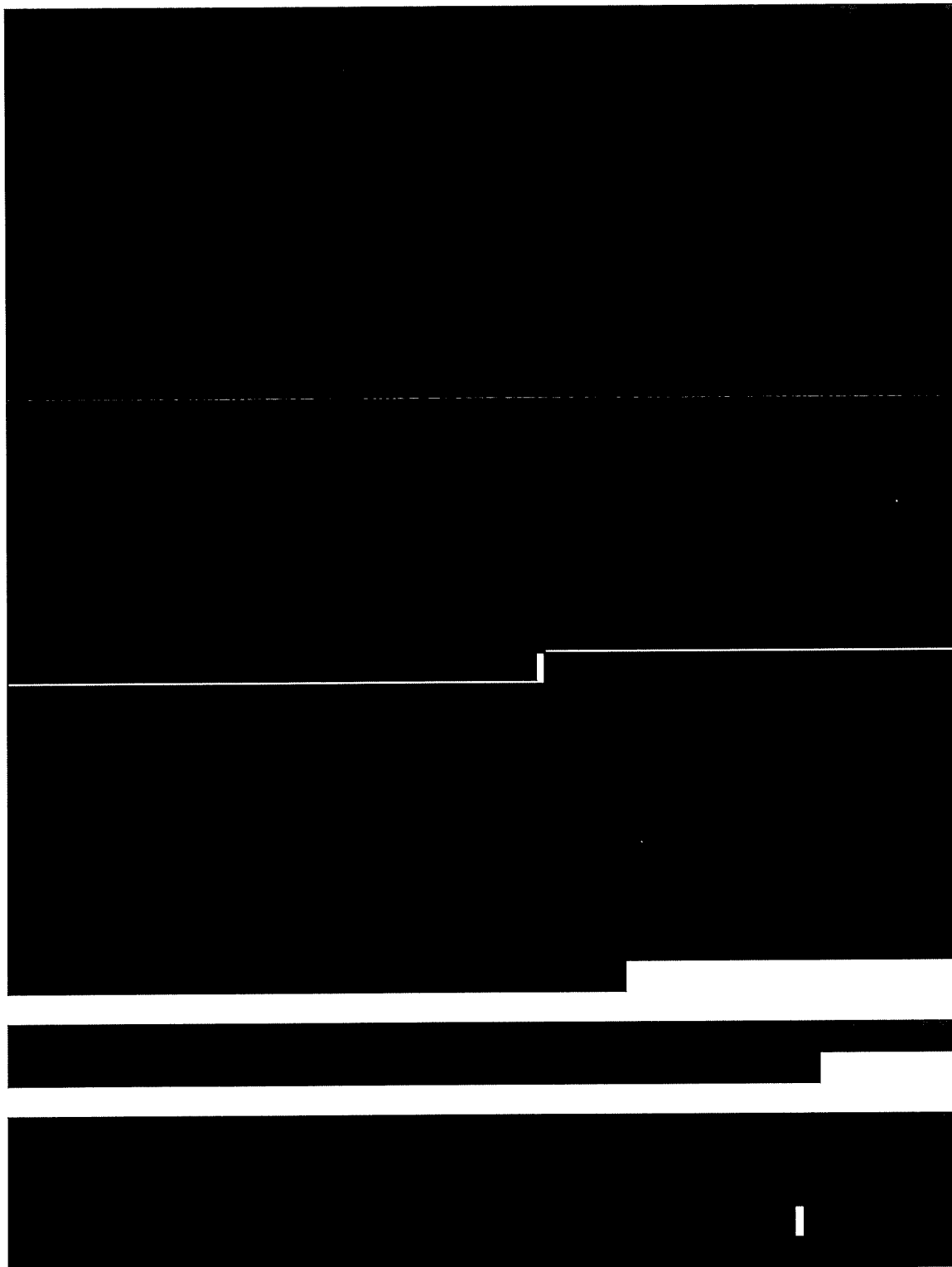
Interview of Sexual History

Dr. Weinreb reported



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Dr. Weinreb reported that when he returned to NY and attended Chaim Berlin Yeshiva during the day and Brooklyn College at night for 2 years, completing premed requirements. He shared that at the age of 22 he attended Mir Yeshiva in Jerusalem, Israel for 7 months "I had to take MCATS but delayed it, and then I did 7 med school interviews in 10 days. I was on the late list, and was accepted to medical school a week before it started." He reported that between the ages of 23 to 25 he completed medical school and was living with a roommate in a basement apartment near Yeshiva Berlin, attending half day in Yeshiva, the rest of the day attending his academic classes.

Dr. Weinreb reported [REDACTED]

Dr. Weinreb reflected, [REDACTED]

Dr. Weinreb reported that, between the ages of 22 and 25, in accordance with Haredi Jewish tradition, with the guidance of his parents and his community, he was actively dating females for marriage through arranged dates. "I don't have sisters at all and went to all boys Yeshiva so I never had contact with girls. Only one girl at 17 or 18, she was nice and we were friends, but nothing sexual or romantic. Everyone talked about girls 24-7 but no one did anything. I talked about girls too, like them, but [REDACTED] I went to Florida with other boys and hung out with girls and I loved the attention, and this girl sent me notes with a lipstick kiss. It was cool, like everybody else, and I was excited that I am a guy and have a girlfriend, and then the rabbi found out and we were severely punished for it. I was excited to be like everyone else and excited like them.

"I did the whole process I needed to do. A hat in the first (date), suit in the second, no suit in the third. I loved dating for a while, the experience. My ex-wife was the first girl who was Read to me (proposed for an arranged date) , and before I dated my wife I was suggested to her by as many as 12 people. So many people tried later to claim (credit) for the *Shiduch* (matchmaking), and we were joking about that. Everybody thought we belonged together. [REDACTED]

After I was arrested everyone tells me now their stories, how these boys made out on Shiduch dates, and I was shocked, and then I thought everyone did that and I didn't."

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[REDACTED]

[REDACTED]

[REDACTED]

Dr. Weinreb's report of the precipitating events:

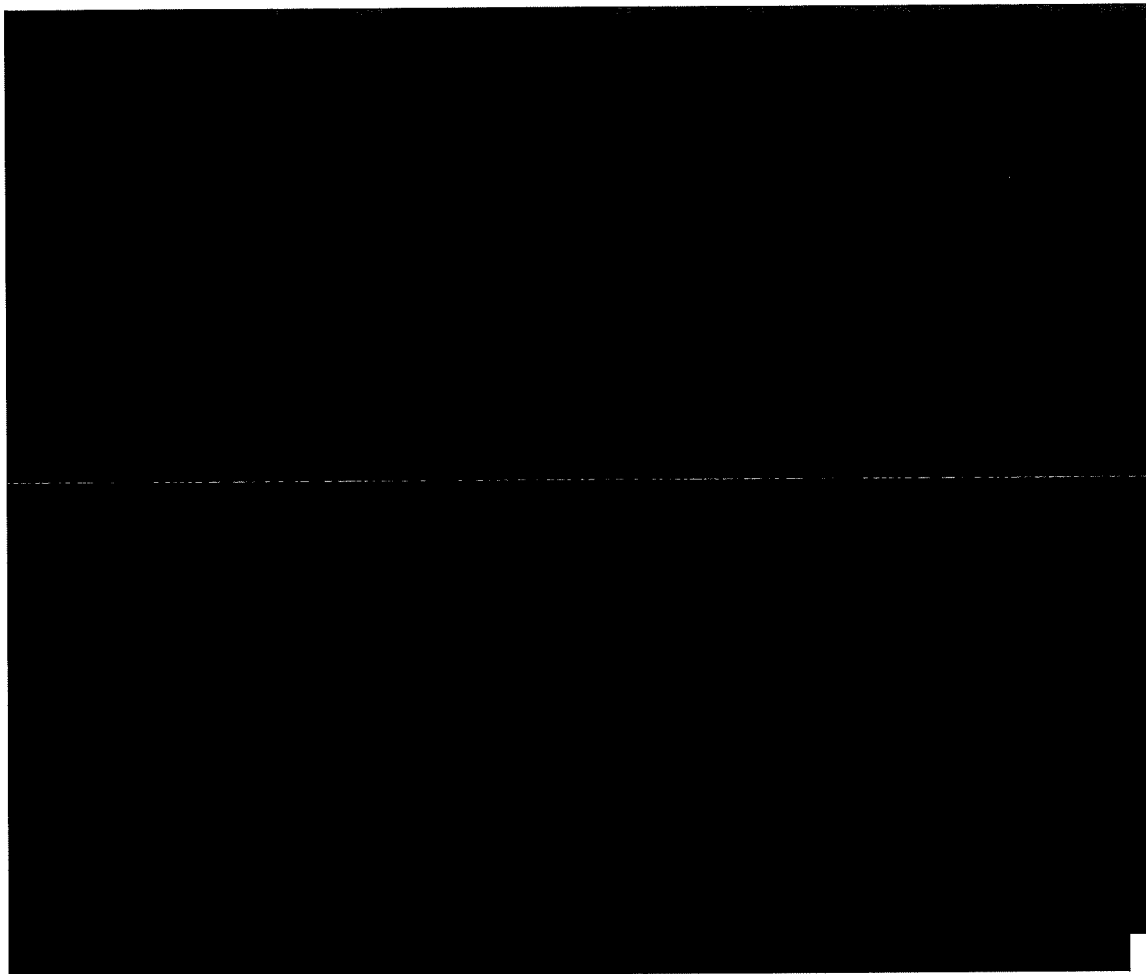
When asked about his current circumstances, Dr. Weinreb said: "I got arrested for a very significant crime about a year and a half ago, and I want the judge to know everything about me and why I got to the crime I did, and I hope the judge will see that I will not offend again."

Dr. Weinreb continued,

[REDACTED]

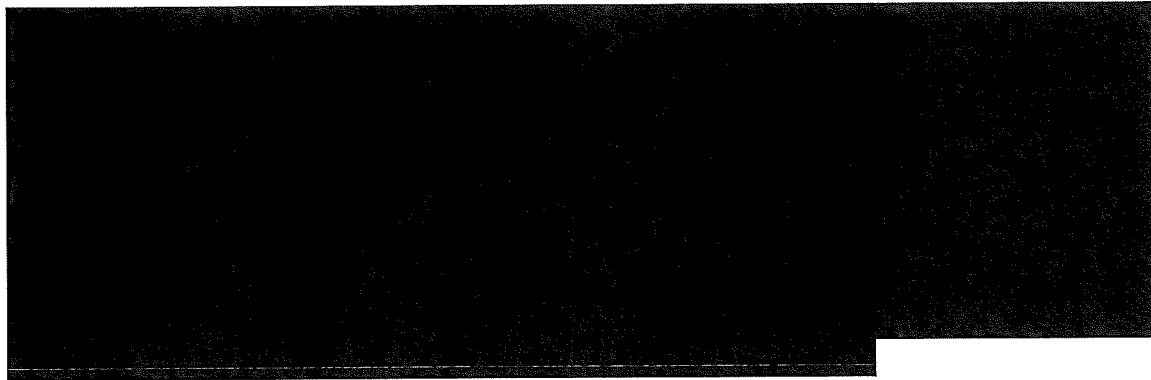
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Cognitive/Neuropsychological

Based on Dr. Weinreb's performance on measures associated with level of effort, such as the Malingering Probability Scale (MPS), the validity measures of the MMPI-2, and general observation and performance consistency, it is suggested that Dr. Weinreb displayed intact level of effort and motivation to do well on the tasks administered.

On the self-reported questionnaires that present questions related to depression (BDI-II) and anxiety (BAI), Dr. Weinreb scored within the Mild Depression range (BDI-II, raw score = 16), and within the Minimal Anxiety range (BAI, raw score = 3).

Neurocognitive Functioning: Given Dr. Weinreb's extensive academic background, history of successful work performance as a surgeon, and lack of reported history of factors that may impact cognitive functioning (such as brain injury, strokes, extensive substance abuse, and childhood learning disabilities or developmental disorders), cognitive domains such as sensory motor abilities, processing speed, intellectual functioning, learning, memory, and executive functions were not assessed in this examination.

Personality

Dr. Weinreb was administered the Minnesota Multiphasic Personality Inventory®-2, the Psychopathy Checklist - Revised (PCL-R) and the Malingering Probability Scale (MPS), to gain insight to Dr. Weinreb's personality patterns of thought and behavior, the presence of mental health disorders, and recidivism risk considerations.

Analysis of the Minnesota Multiphasic Personality Inventory®-2

Dr. Weinreb was administered the MMPI-2 English version.

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Analysis of Validity Scores

- VRIN (raw score 6, T=54) - Elevated scores on this measure detect inconsistent, contradictory responses. Dr. Weinreb's score on this measure suggest that he responded in a consistent manner, indicative of a valid profile.
- TRIN (raw score 8, T=57F) - Score indicates that there was no significant particular preference of answering either True or False, suggestive of a valid profile.
- F (raw score 11, T=70) - Significant elevation on this scale indicates difference from how individuals would respond in a normative sample, possibly due to random marking, lack of comprehension, or over-reporting of symptoms. Dr. Weinreb's score on this measure was mildly elevated.
- FB (raw score 5, T=63) - This measure functions similarly to scale F, but for items later in the exam. His score on this scale is not elevated.
- FP (raw score 7, T=94) - Elevation on this scale is suggestive of endorsing rarely endorsed items for psychiatric and normals, and the possible over-reporting of psychopathology, such as in this profile. Intentional over-reporting is found when the T score of FP is above 100 and VRIN and TRIN are under 70, which is not present in this profile. Exaggeration of existing symptoms is found with profiles where FP is above 70 but under 100, a pattern present in Dr. Weinreb's profile.
- L (raw score 2, T=43) Elevation on this measure is suggestive of naive or obvious attempts to look unusually virtuous, overall conscientious, and above moral reproach. Dr. Weinreb's responses did not present with the above concerns.
- K (raw score 15, T=49) Clinical elevation on this case describes individuals who maintain a defensive posture and are unwilling to admit to psychological problems. It is of note that normal individuals, without clinically significant problems, also score in elevation on this scale. In cases where the person's clinical picture suggests the presence of problems in their lives (such as legal and psychological), elevation on this scale suggests an unrealistic perspective the person has of themselves, denial of problems, and a strong attempt to seem adequate and in self-control. Dr. Weinreb's profile does not display these concerns. He was able to recognize and admit to psychological and functional problems.
- S (raw score 19, T=43) The social desirability scale, which is highly correlated with the K scale, focuses on more socially desirable aspects. Low score on this measure, such as in Dr. Weinreb's profile, suggest that he does not deny his shortcomings and misanthropic attitudes within the social functioning domain, such as cynicism, mistrust, irritability, hypersensitivity, anxiety, and internal conflict, and does not attempt to assert a benevolent belief in virtue, honor, nobility of others, contentment with one's life situation, even temper, composure, and conformity.

Analysis of Scores Indicative of Clinical Significance

T-score 65 or greater is used to demarcate the "clinical range" based on studies showing it to be the score that separated clinical from non-clinical groups in the re-standardization samples.

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Analysis of Validity Scores. VRIN and TRIN validity scales suggest that Dr. Weinreb was consistent in his responses. His response pattern suggests that he did not attempt to present himself in an overtly virtuous light and was able to report his symptoms but had a tendency to exaggerate them. This is common in cases that can be described as “a cry for help,” when an individual suffers from mental health problems for many years and these problems become systemic and overwhelming. Long-term therapy assists in alleviating the severity and personal perception of severity over time.

Highest elevations profile of clinical scales:

Dr. Weinreb’s profile is characterized by the highest clinical elevations on Scale 4 - Psychopathic Deviate (T=77), Scale 9 - Hypomania (T=75), and Scale 6 - Paranoia (T=75).

This profile is common for individuals with childhood history of having a parent who is arbitrary, controlling, and severely critical, who has been strict, physically abusive, and using physical punishment as a way of controlling the child. As a result, these individuals show a strong, maladaptive response to any attempts to control them. They are quick to feel criticized, and adapt to the perceived threat by being ready to argue or fight for a cause. Educated individuals with the 4/9/6 profile are argumentative and used rationalization, externalization, and blame in response to perceived threat or conflict. When education, positive cultural values, and a relatively intact ego strength are present, such as with Dr. Weinreb, violence is not shown to be a concern. Dr. Weinreb’s account of his childhood, being raised by a controlling, physical disciplinary, controlling and domineering mother, while having a father who was emotionally non-present, avoidant, and passive, is consistent with Dr. Weinreb’s MMPI-2 profile.

Unfortunately, this manner of childhood upbringing often results in an individual who is hypersensitive to criticism, paranoid about people’s intentions, and when perceiving a threat, displaying suspiciousness and vindictiveness. The paranoid component actually serves as a protective factor to the otherwise impulsive, hedonistic, live-in-the-moment qualities Scales 4 and 9 bring into the profile. Mimicking their primary caretaker, they can be unforgiving and manipulative in times of conflict. The manic aspect of these individuals makes them tenacious with a strong sense of drive. This profile suggests that these individuals do not seek to harm others or gain benefit from harming others, but rather become socially maladaptive when their paranoia acts out.

Dr. Weinreb was administered the Psychopathy Checklist - Revised (PCL-R), to gain insight to possible antisocial and psychopathic tendencies. Dr. Weinreb’s overall psychopathy score was within the Below Average range (10th percentile), raw score = 12. Psychopathy cutoff generally used is raw score = 30, suggesting that Dr. Weinreb is not psychopathic. Similar scores were obtained for PCL-R Factor 1 (interpersonal/affective traits) = 12th percentile (raw score = 4) and for Factor 2 (lifestyle/antisocial traits) = 12th percentile (raw score = 6).

Homosexuality and Mental Health Considerations

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Social alienation and experiences of rejection are commonly reported with individuals who identify as homosexual. Meta-analyses show that lesbians, gay men, and bisexuals (LGBs) have a higher prevalence of mental disorders than heterosexuals¹.

The Centers for Disease Control and Prevention² (CDC) indicates that homophobia, stigma, and discrimination against gay individuals still exist in the United States. In insular, strictly religious communities, such as the strictly orthodox Jewish community in which Dr. Weinreb was raised, lived and operated throughout his whole life, and the community he still wishes to belong to, being gay means nothing short of a complete inability to be a functioning, well-respected, Torah observant individual. In the Jewish Orthodox community, the highest, most desired values members of the community thrive to achieve and parents work hard to provide their children with, revolve around building a traditional Jewish home, with a father, a mother, and children. Even more so, men but not women, are commended by the written law to marry and have children. Individuals who are gay and choose to be open about being gay, pair with gay partners, thereby breaking away from the traditional family unit, and then by default lose the family unit, are unable to live the traditional Torah lifestyle, and are ejected by that reality from the participation in the activities of a Jewish home, all of which revolves around building and caring for families. At a very pivotal time in his psychosexual development, [REDACTED] in accordance with his sexual orientation as a gay person, and experienced validation of his sexual orientation. When his center of interest called him “gay” and rejected him, physically and verbally, it is likely that the young Weinreb has adapted; to meet his community expectations, his mother’s expectations of being successful within the community, and God’s expectations - his religious obligations, the young Weinreb chose to hide his homosexual identity and assimilate in the heterosexual world he lived in. Meta-analyses of clinical data found that young adults who are gay, lesbian, and bisexual and have experienced strong rejection from their families to their sexual orientation were 3 times more likely to have risky sex³ (Ryan et al., 2009). One of the central protective factors from a mental health perspective is a more positive group identity⁴, which is what Dr. Weinreb created for himself for more than 20 years, getting married, having children, and becoming a pillar of the community.

It is important to note that while the text of the *Torah* (Old Testament and literal guiding manual for Orthodox Jews) acknowledges homosexuality, and does not commend individuals to “stop”

¹Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

² Center for Diseases Control and Prevention. Retrieved on 05/27/2021. <https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>

³ Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Hispanic/Latino lesbian, gay, and bisexual young adults. *Pediatrics* 2009.

⁴ Center for Diseases Control and Prevention. Retrieved on 05/27/2021. <https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>

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being or feeling homosexual, it strictly forbids acting on the sexual desire, describes man with man intercourse as an abomination, and forbids it in the context of other sexual vices, such as adultery, incest and bestiality. For Dr. Weinreb, who identifies first as a Torah observant man and then as a “same sex attraction” individual, the option of living as a gay individual was unacceptable - not only would he be committing a sin over and over, but he would also be prevented from living a successful and respected Jewish life.

Same sex relations have become a secret for Dr. Weinreb. In order to feel sexual satisfaction, he resorted to engage in those in hiding, unable to develop a sustained, meaningful relationship, and seeking progressively risky sexual relations.

The Intersection of Closeted Homosexuality and Compulsive Sexuality

Dr. Weinreb’s personality profile of a person subjecting himself to a rigid lifestyle and meeting social and religious expectations while continually seeking to feel relief from the control of his mother and his religious obligations, along with his manic tendencies, have amplified his risk-taking behaviors and, albeit destructive, provided the significant psychological relief he sought to experience over and over, eventually leading to sex addiction.

It is also important to note that surgeons are prone to burnout, marital distress, and addiction⁵, and that between 10%-15% of all doctors in the United States go through substance abuse challenges at some period in their career⁶. Being a surgeon, as a profession, comes with unusual physical demands that can lead to burnout⁷: irregular working schedule, irregular sleep schedule, at times sleep deprivation, and prolonged and significant levels of stress due to the complexity of the work and the risk to human life. Some aspects of Dr. Weinreb’s personality are an excellent match for the job of a surgeon - he is highly intelligent, very energetic and driven, can carry a positive and calm demeanor, is able to detach just enough in order not to internalize his patient’s pains and struggles, and has a genuine interest in improving other people’s lives. However, his lifelong sense of lack of control over his life, his wishes and wants, and the psychological need to feel freedom has led him to conceal his sexual practices and has made him considerably vulnerable to sex compulsions.

Early childhood histories of these individuals tend to show an under-involved or rejecting father and an over-involved, controlling mother.

⁵ Balch CM, Freischlag JA, Shanafelt TD. Stress and Burnout Among Surgeons: Understanding and Managing the Syndrome and Avoiding the Adverse Consequences. Arch Surg. 2009;144(4):371–376. doi:10.1001/archsurg.2008.575

⁶ Baldisseri, M.R. (2013). Impaired healthcare professional. Critical Care Medicine, 35(2 Suppl), S106-S116.

⁷ Shanafelt, T., Balch, C., Béchamps, G., Russell, T., Dyrbye, L., Satele, D., Collicott, P., Novotny, P., Sloan, J., & Freischlag, J. (2010). Burnout and Medical Errors Among American Surgeons. Annals of Surgery, 251, 995-1000.

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It is important to note that Dr. Weinreb's clinical profile is consistent with his report and the report of others, of his personality and behavior, history, childhood, level of functioning, and current life circumstances.

DIAGNOSTIC CONSIDERATIONS

The Diagnostic Complexity of Sex Addiction and Impulse Control Disorder Differential Diagnosis

In the category of Sexual Dysfunctions, the DSM-5 lists hypoactive sexual desire as a disorder, but not hyperactive sexual desire. Dr. Weinreb's sexual behavior cannot be described as excessive, since his sexual orientation as a gay person in a heterosexual marriage significantly contributed to his sexual behavior. Without the ability to be openly gay, which would allow him to develop a meaningful relationship with a mate, seeking sexual satisfaction outside of the marriage, using online meeting applications was his solution to meeting his sexual needs. As such, his sexual behavior can be normal, and not classified as a dysfunction, under circumstances when he is not sexually obligated to a female. Additionally, the category of sexual dysfunction does not account for the behaviors and symptoms of addiction.

In the category of Disruptive, Impulse-Control, and Conduct Disorders, the DSM-5 indicates "The disorders in this chapter are unique in that these problems manifested in behaviors that violate the right of others (e.g., aggression, destruction of property) and/or that bring the individual into significant conflict with societal norms or authority figures." Dr. Weinreb's history and account of his colleagues, patients, friends, and family, including lack of criminal history demonstrate that he does not significantly violate the right of others, as understood in this chapter. Additionally, his homosexual orientation is not a significant conflict with societal norms (albeit they are in significant conflict with his own cultural norms) or present conflict with authority figures. While he has committed crimes that violated the rights of others and broke social norms, those were committed when Dr. Weinreb exhibited signs of addiction. Therefore, poor impulse control was a result of addiction, not an independent disorder, as the diagnostic criteria requires.

Patterns of Behavioral Compulsion: Homosexuality is not a disorder but a personal identification of sexual orientation. Since exercising homosexuality would result in an inevitable major conflict with his other primary personal identification as an observant religious Jew, Dr. Weinreb was unable to exercise a significant and consistent aspect of his personality and meet his human-based sexual needs. Online meet-up applications allowed him to receive instant, yet only temporary, gratifying sexual relief.

Unable to bond properly with his mother and his father and experiencing rejection by a formative sexual mate in youth, Dr. Weinreb never learned how to romantically and sexually bond properly and sustain a romantic interpersonal relationship. Resorting to online meet-up applications has only worsened his deficiency, introducing a high volume of brief, superficial encounters, programming him to a pattern of bond-seeking, excitement, sexual arousal, coupling, sexual relief,

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shame and guilt, and uncoupling. Although the healthy side of him wanted to bond and couple, the pattern has reinforced the failure and deficiency, only creating an increasing void of unfulfilled needs, and eventual pattern of compulsive behavior.

Dr. Weinreb's history of behavior at the time of his offense meets the diagnostic description of symptoms of addiction. According to the American Psychiatric Association ⁸, symptoms of addiction are:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

■ **Drug effects:** In drug use, physical tolerance (need for larger amounts to get the same effect) and withdrawal symptoms are known. Although supportive evidence has emerged, further research in this area is necessary to identify and explain the physical mechanism of sex compulsion.

Individuals who suffer from addiction often have distorted thinking and behaviors. Addiction causes lack of impulse control, and poor judgment and decision making.

Biochemical changes to the brain and its functions result in intense cravings, changes in personality, and other behaviors. and these effects can last long after the activity ceases. While engaged in the activity, intense pleasure, euphoria, and heightened sensory experience take place, reinforcing the desire to return to the experience; however, shame, disgust, and self-loathing are also present, which have been present and have been displayed in Dr. Weinreb's behaviors. Addiction results in harmful, and sometimes devastating consequences, such as in Dr. Weinreb's life.

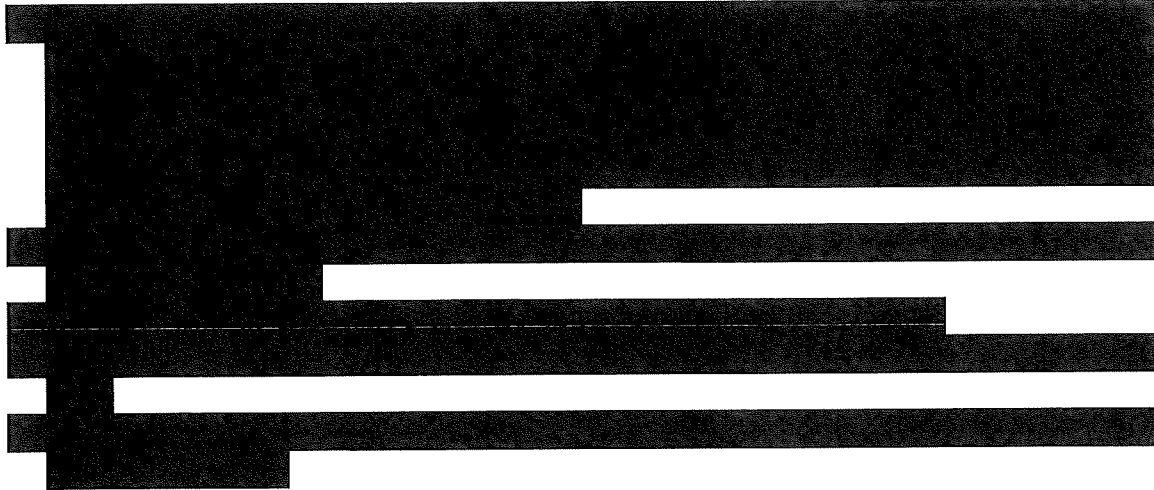
Compulsive Sexual Behavior Disorder (CSBD): The World Health Organization (WHO) defines CSBD in the International Classification of Diseases as follows:

⁸ American Psychiatric Association. Retrieved on 05/28/2021 from: <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>

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- An impulse control disorder, characterized by a “persistent pattern of failure to control intense, repetitive sexual urges and behaviors” where:



The five-factor model of the CSBD-19⁹ (control, salience, relapse, dissatisfaction, and negative consequences) has been applied to Dr. Weinreb’s presentation and has been supportive of the above diagnosis.

Diagnostic Systems: Since October 1st of 2015, the use of the diagnostic codes of The International Classification of Diseases - 10 (ICD-10) became obligatory in the United States. ICD-10 classification: F52.8 other sexual dysfunction not due to substance or known physiological condition

The most recent, widely accepted classification, the ICD-11: Compulsive Sexual Behavior Disorder (CSBD)

Exclusions:

1. A behavior that is a distress response to moral judgments and disapproval about sexual impulses, urges, or behaviors is not an exclusionary but is insufficient by itself to meet diagnostic requirement.
2. Paraphilic disorders are exclusionary. Record review does not provide evidence that Dr. Weinreb suffers from paraphilia.

⁹ Bøthe B, Potenza MN, Griffiths MD, Kraus SW, Klein V, Fuss J, Demetrovics Z. The development of the Compulsive Sexual Behavior Disorder Scale (CSBD-19): An ICD-11 based screening measure across three languages. J Behav Addict. 2020 Jun 16;9(2):247-258. doi: 10.1556/2006.2020.00034. PMID: 32609629.

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Other Specified Trauma- and Stressor-Related Disorder

Dr. Weinreb's presentation meets the criteria in which symptoms characteristic of a trauma- and stressor-related disorder are present and cause clinically significant distress and/or impairment in social, occupational, or other important areas of functioning but do not meet the full criteria for any of the disorders in the trauma- and stressor-related disorders diagnostic class.

Dr. Weinreb's childhood history includes ongoing experiences of parental distress, parental conflict, emotional neglect, and opposing parenting styles (overbearing, controlling mother and an avoidant father). Anxiety, neuroticism, and escapism are conditions that may be triggered by a variety of stressors in childhood and predispose the child later on in life to higher risk of mental health disorders, abuse and addiction, and legal problems. It is important to note that opposing parenting style, with an avoidant father, are associated with poorer outcomes in mental health¹⁰.

Differential Diagnosis - Other

Dr. Weinreb's presentation did not qualify for the diagnosis of Anti-Social Personality disorder because diagnostic criteria were not met. Based on family interviews and review of records, Dr. Weinreb did not display behaviors to suggest disregard for and violation of others' rights since age 15, and he was not diagnosed with Conduct disorder before age 15.

Results and Conclusions Summary

Concerns regarding Dr. Weinreb's cognitive and related day-to-day functioning difficulties have been supported by his testing results.

Dr. Weinreb's cluster of psychological deficits are making the goal of establishing a successful plan for psychological treatment a priority. Successful treatment will require personal acceptance of his sexual orientation, acknowledgement of his disorders and accompanied deficits, and intensive psychotherapy to gain cognitive, emotional and behavioral tools to manage his mental health state and avoid compulsive sexual behaviors. Conditional on achieved managed psychological care, Dr. Weinreb should be able to maintain a stable, productive, and positive lifestyle. He should be supported to receive social services for his disorder and be monitored by his health care providers as his functioning continues to improve.

Diagnosis: Dr. Weinreb's neuropsychological assessment results are consistent with the presentation of the following ICD-10 diagnoses:

F52.8 other sexual dysfunction not due to substance or known physiological condition

¹⁰ Kuppens, S., & Ceulemans, E. (2019). Parenting Styles: A Closer Look at a Well-Known Concept. *Journal of child and family studies*, 28(1), 168–181. <https://doi.org/10.1007/s10826-018-1242-x>.

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(ICD-11: Compulsive Sexual Behavior Disorder (CSBD))
F43.8 Other Specified Trauma- and Stressor-Related Disorder
Z62.811 Personal History of Psychological Abuse in Childhood (Past History)
Z62.820 Parent-Child Relational Problems

In conclusion, Dr. Weinreb's neuropsychological testing results suggest intact effort on test performance. Dr. Weinreb completed all measures provided to him, was cooperative, and forthcoming. Dr. Weinreb's self-report of symptoms, history, and psychological testing suggest that he is cognitively intact but suffers from identity problems related to same-sex attraction, history of compulsive sexual behavior, and a trauma-related disorder as a result of psychologically abusive and opposing parenting styles that went unrecognized and untreated during his lifetime.

Treatment Strengths: Dr. Weinreb presented as friendly, cooperative, and very remorseful. He was able to communicate his concerns and related information, and his speech and motor functioning were intact. Dr. Weinreb expressed strong commitment to recovery with specific, positive goals for himself to address his mental health problems and improve his functioning, but also to return to being a contributing member of society. Per records of his treating clinicians, he demonstrated excellent progress in his therapeutic process and no concerns were expressed regarding pedophilia. With continued professional guidance, his drive to improve and create a life of stability is likely to produce successful results.

Responses to Referral Questions, and Recommendations

Appropriate type and level of therapeutic services:

- ***Psychotherapy:*** Dr. Weinreb will benefit from therapy that focuses on impulse control strategies and increased insight to his thoughts and emotional processing. It is recommended to increase the understanding that quick arguments were used in childhood as defense mechanisms to avoid shame and mistreatment, and that opinionated people are likely to trigger him into reactive argumentation.
- ***Sexual Orientation:*** Studies suggest that individuals with same-sex attraction/homosexuality report high levels of depression and anxiety. With assistance in emotional and behavioral skills building and a community to belong to, Dr. Weinreb can avoid suffering from these disorders.
- ***Self-Acceptance:*** Dr. Weinreb will benefit from processing intensively his view of his own sexual orientation, develop full acceptance, and arrive at a realistic plan of integrating his religious identity with his sexual orientation.
- ***Interpersonal:*** Dr. Weinreb will benefit from learning how to bond, couple, and maintain romantic interpersonal relationships that encompass both emotional and physical intimacy, to avoid transient sexual encounters and the risk of returning to compulsive sexual behavior.
- ***Socialization:*** It is recommended for Dr. Weinreb to find social acceptance and for individual therapy to assist in addressing social-perceptual issues.

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- **Family:** It is important that Dr. Weinreb and his family receive education on the nature of his mental health disorders and what can be done to address related symptoms, such as managing them with coping skills, social and interpersonal support, and mental health services. This will provide optimal skills for them to work together to improve their family dynamics.

Comments Related to Current Offense

Psychological evaluation and review of records suggests that Dr. Weinreb struggled with his sexual orientation identity as a homosexual since youth and has attempted to live a full heterosexual life, which resulted in utilizing online meet-up applications to meet his sexual needs. This has become a compulsive behavior to him, placing him in risky circumstances that resulted in poor decision-making, failure to stop his compulsive behaviors, and engaging in sexual activities with two minors. No evidence was provided that Dr. Weinreb is engaged in pornography or has had in his possession pornography involving minors, and Grindr lists individuals as being 18+ years of age. Evaluation results do not support the presence of pedophilia, antisocial personality disorder, or psychopathy.

Dr. Weinreb's risk of self-harm: Dr. Weinreb has protective factors against suicidal ideation, and suicide is not a concern at this time. He is motivated to account for his behavior, rebuild all aspects of his life, repair his relationships with his children to the best of his ability, and return to becoming a contributing member of society.

Dr. Weinreb's level of risk to the community and others due to a mental health condition: Dr. Weinreb is at a low risk of harm to others at this present time. He is a first time offender with a compulsion disorder which had neither been properly diagnosed nor specifically treated prior to his arrest.

Respectfully submitted,



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LICENSING

- Licensed Clinical Psychologist, State of California PSY26943
- Licensed Clinical Psychologist, State of Florida PY11020

CURRENT/RECENT WORK

Clinical and Forensic Neuropsychologist
Neuro Health, Inc

January 2015 – Current

- Bilingual (English and Hebrew) civil and criminal, federal and state neuropsychological evaluations: murder, rape, terrorism, sexual crimes, financial crimes, competency, brain injury, dementia, and other. Experience includes: mental health diversion, pre-sentencing, and presidential communication consideration.
- State of California Los Angeles County Superior Court appointed: Expert, Criminal Panel, since 2017
- List of Experts, Law Offices of the Public Defender, Miami, State of Florida
- Neuropsychological evaluations at the request of the Law Offices of the Public Defender - State and Federal, State of California
- Approved provider for Victims of Crime, State of California
- Approved provider for the Government of Israel, Ministry of Defense
- Director, supervising doctorate and masters' level mental health clinicians
- Springer Publishing: Volume Editor and co-author of The Clinical Complexity of Predatory Violence.
- Springer Publishing: The Complexity of Psychopathy. Chapter: Neuropsychological Considerations in Psychopathy. K. Drorit Gaines (In Press).
- Clinical Pediatric and Adult Neuropsychological Evaluations and Treatment for disorders including but not limited to: Traumatic Brain Injury, Acquired Brain Injury, Dementia, Forensic, Substance Abuse, Autism, Learning Disabilities, Adult and Adolescent, Chronic Pain.

- Psychodiagnostic and Psychological Evaluations for DSM disorders (e.g. Schizophrenia, Bipolar Disorder, Neurocognitive Disorder, Traumatic Brain Injury, Posttraumatic Stress Disorder, Psychopathy, Substance Abuse, Sexual Disorders, and other.
- Principle Investigator: "Neuropsychological Considerations Based on Case Comparison of Co-Morbid Apert Syndrome, Autism Spectrum Disorder, and Sensory Processing Disorder."
- Trade Book and Videos: Combating Dementia in Thirty Days. Publisher: Archway, From Simon and Schuster (2018).
- Academic Book: Understanding The Frontal Lobe. Fractioning the Prefrontal Lobes and the Associated Executive Functions. Publisher: Fielding Graduate University (2017).
- Academic Book (co-edited and co-authored): Cultures and Clinical Psychology. Sensitivity to Diversity Within Cultures. Edited by: H. V. Soper & K. D. Gaines. Publisher: Fielding Graduate University (2018).
- Yearly certification in CPR.

ACADEMIC/RESEARCH AFFILIATIONS

Superior Court of Los Angeles March 2017 - Current

Institution: Pepperdine University (Adjunct Faculty) 2014 and June 2019 - Current

- Graduate level courses in psychopharmacology for the Master's program Doctoral Clinician Trainee

The Ministry of Defense, Israel 2019 - Current

Principle Investigator, Veterans Affairs, without compensation 2015 - 2018

Clinical Instructor, UCLA Department of Pediatrics Clinical Faculty, vl 2015-2016

Adjunct Faculty, Fielding Graduate University 2017-2018

LEADERSHIP

Strategic Alliance for Veterans Integration (SAVI) 2018 - Current

- Advisory Board Member

Aleph Institute, Project Tikvah 2016 - 2020

- Advisory Board Member

American Psychological Association (APA) Public Education Committee 2016 - 2019

- Regional committee contributor

Families of Lone Soldiers (FLOS) 2019 - Current

- Advisory Board Member

National Academy of Neuropsychology Foundation (NAN Foundation) 2014 - 2018

- Secretary of the Board (January, 2017); voting member on the Board of Trustees (January, 2014)
- Chair of Public Education and Media Committee

Los Angeles County Psychological Association (LACPA) 2014 - 2017

- A voting board member on the Board of Trustees
- Chair of the Public Education committee

Current/Previous Editorial Positions (Journals): 2015 - current

- Brain Imaging and Behavior
- Applied Neuropsychology
- Archives of Neuropsychology
- Journal of International Neuropsychology Society
- Neurotrauma Reports Journal

AWARDS/ACCOMPLISHMENTS

- 7th most cited article in 2016 Gaines, K. D, & Soper, H. (2016). Neuropsychological assessment of executive functioning following pediatric traumatic brain injury. Applied Neuropsychology Child.
- American Psychological Association Early Career Professional Award (2015)
- Best Abstract, Society of Nuclear Medicine and Molecular Imaging, and Selected to present at the 2015 Sino-American Conference, Shanghai, China (2015)
- Sponsorship of young leadership in Neuropsychology, National Academy of Neuropsychology Women in Leadership (2014)
- Exceptional Contribution Award, Veterans Affairs of greater Los Angeles (2013)

- Best Dissertation Abstract, Fielding Graduate University (2012)
- UCLA scholarship for academic excellence (Bachelor's Degree, 2002)

Previous Work Experience

Institution: Veterans Health Affairs of Greater Los Angeles, Principle Investigator/Health Science

Specialist July 2012 – June 2015

Grant-related studies involving neuropsychological testing and PET with veterans returning from the recent OEF/OIF wars

- PET imaging and neuropsychological testing of veterans with blast-related head injuries
- Lead Scientist – oversees all segments of the study: supervision of coordinators, recruitment, chart review, PET imaging, neuropsychological testing, patient feedback, data analysis, publications, and grant writing.
- Neuropsychological testing, Brain Injury, and PTSD – conducted over 250 neuropsychological evaluations
- Mild blast and blunt TBI and Executive Functioning Neuropsychological Testing
- Produced more than 9 abstracts and senior authored a full paper
- Ongoing collaboration with residents and bi-monthly teaching to residents in Special Topics in Neuropsychology

Institution: UCLA Longevity Center, Semel Institute for Neuroscience & Human Behavior (David Geffen School of Medicine, UCLA) Doctoral Clinician Trainee/Program Developer July 2012 – July 2014

- **Mind-Body Connection**— lead designer and implementer of a systemized technique of weekly cognitive rehabilitation for MCI, Dementia, and TBI patients, incorporating music, Tai Chi, art, mindfulness, progressive relaxation, and Imagery
- **Memory Care** – trained and supervised note writing of practicum students for Memory Care
- **POM Research** – neuropsychological testing with geriatric participants. Observed practicum students in testing.

Institution: Pepperdine University (Adjunct Faculty)

May 2014 – July 2014

- Graduate level Assessment course for the Master's program Doctoral Clinician Trainee

Institution: UCLA Psychiatry (Researcher)

August 2012-March 2013

- Research interviewer and rater of DSM-IV disorders using the SCID and CAAPS

Institution: Universal Broadcasting Network

February 2014 - May 2016

- **Public Education in Neuropsychology:** Research, design & live, on-air broadcasting of weekly radio shows focusing on neuropsychology, the brain, mental health, spirituality, and wellbeing

Presenter/Public Speaker

March 2009 - Current

SELECTED PRESENTATIONS

- Gaines, K.D. The Neuroscience of Healthy Cognitive Aging. Invited Speaker. Dorothy Marie Lowry Distinguished Guest Lecture Series. **Saddleback College Emeritus Institute**. Laguna Woods, California, February 1, 2019.
- Gaines, K. D., Iribarren, F. J., Soper, H. V., Udkoff, R., & Shaib, J. (2018). Multi-dimensional evidence-based practice approach and neuropsychological findings in Apert syndrome. Movement and Cognition Conference, **Harvard University's School of Medicine**, Boston Massachusetts, July 27-29, 2018
- Neuropsychological Tools in Cognitive Rehabilitation for Moderate to Severe Traumatic Brain Injury, Invited Speaker, **ThinkTank**, California, April 8th, 2017.
- American Academy of Pediatric Neuropsychology (AAPdN), Neuropsychological Considerations Based on Case Comparison of Co-Morbid Apert Syndrome, Autism Spectrum Disorder, and Sensory Processing Disorder, April 21-23, 2017
- Neuropsychological Considerations in Mild Traumatic Brain Injury, Invited Speaker, **Fielding Graduate University**, January 18th, 2017.
- The 3rd Sino-America Nuclear Medicine Meeting, Abnormal FDG-PET Findings and Sub-Optimal Effort in Veterans with Mild Traumatic Brain Injury May 3rd, 2015
- Society of Nuclear Medicine and Molecular Imaging Mid-Year Meeting, Abnormal FDG-PET Findings and Sub-Optimal Effort in Veterans with Mild Traumatic Brain Injury, San Antonio, Texas, January 22nd, 2015

- International Neuropsychology Society conference, Veterans Diagnosed with Mild Traumatic Brain Injury. Jerusalem, Israel, July 9th, 2014
- International Neuropsychology Society conference Comparison of Effort Measures, Cognitive Complaints, and Self-reported Neuropsychiatric Symptoms in Blast-Induced Mild TBI. Jerusalem, Israel, July 10th, 2014
- David Geffen School of Medicine UCLA Informal Brown Bag Lunch (NIBBL) Trainee Talks, Mild TBI and PTSD of OIF/OEF Veterans, 2013
- UCLA Medical School Residency Program, TBI and Neuropsychological Testing
- Forensic Mental Health Association of California (FMHAC): Executive Functioning Neuropsychological Testing of Veterans Diagnosed with Mild Traumatic Brain Injury (1.5 hour), March 14th, 2013
- Pasadena Conference on Aging: Aging and Memory, April 5th, 2013
- 2013 2nd Annual Parkinson's Disease Symposium: Dementia and Memory in Parkinson's Disease, May 4th, 2013
- University of London, Implications of Research on the Neuroscience of Affect, Attachment, and Social Cognition: Executive Functioning Neuropsychological Testing of Veterans Diagnosed with Mild Traumatic Brain Injury, May 18th – 19th, 2013
- Law Group Conference, Hertzelia, Israel: Neuropsychological Testing and Traumatic Brain Injury, May 29th, 2013
- Get Healthy Pasadena, 2013: Tai Chi, Mindfulness, Creativity, and Mental Health, June 8th, 2013
- 2nd International Conference and Exhibition on Neurology and Therapeutics: Executive Functioning Neuropsychological Testing of Veterans Diagnosed with Mild Traumatic Brain Injury, June 17th – 19th, 2013
- National Association for Rural Mental Health Conference, 2013: Executive Functioning Neuropsychological Testing of Veterans Diagnosed with Mild Traumatic Brain Injury, July 31st-August 3rd, 2013

- Veterans Affairs, Long Beach Radiology Department: Neuropsychological Testing and Traumatic Brain Injury, September 25th, 2013
- Veterans Affairs of Greater Los Angeles Radiology Residency Program: Neuropsychological Testing and Traumatic Brain Injury + Suicide Prevention with the Combat Veteran, October 28th, 2013
- Presentation: Mild TBI and Neuropsychological Deficits for UCLA Medical Center, Monthly meeting of Nuclear Medicine residents, June 15th 2012

Certifications

UCLA, 2013

Certified in administering and scoring the SCID – Structured Clinical Interview for DSM Disorders

PUBLICATIONS

March 2010 – current

FIRST AUTHOR

- Gaines, K.D., Iribarren, F. J., Soper, H. V., Udkoff, R., & Shaib, J. (2018), Multi-dimensional evidence-based practice approach and neuropsychological findings in Apert syndrome. American Academy of Pediatric Neuropsychology meeting, April 20th, 2018.
- Gaines, K. D., Udkoff, R., Gaines, I., Ordonez, R., and Soper, V. (2017). Neuropsychological Considerations Based on Case Comparison of Co-Morbid Apert Syndrome, Autism Spectrum Disorder, and Sensory Processing Disorder. American Academy of Pediatric Neuropsychology meeting, April 20th, 2017.
- Gaines, K. D. & Soper, H. (2016). Neuropsychological assessment of executive functioning following pediatric traumatic brain injury. Applied Neuropsychology Child.
- Gaines, K. D., Soper, H., & Berenji, G. (2014). Executive Functioning of Combat Mild Traumatic Brain Injury. Applied Neuropsychology Adult, 1-10.
- Gaines, K. D., Okonek, A., Sayre, J., Alas, R., & Berenji, G. (2014). Abnormal FDG- PET Findings and Sub-Optimal Effort in Veterans with Mild Traumatic Brain Injury, Society of Nuclear Medicine and Molecular Imaging Mid-Year Meeting.
- Gaines, K. D., Soper, H., & Berenji, G. R. (2014). Executive functioning of combat veterans diagnosed with mild traumatic brain injury. International Neuropsychology Society conference. Jerusalem, Israel, July 9th, 2014.

- Gaines, K. D., Berenji, G. R., Alas, R. S., Sayre, J., & Okonek, A. (2014). Comparison of effort measures, cognitive complaints, and self-reported neuropsychiatric symptoms in blast-induced mild TBI. International Neuropsychology Society conference. Jerusalem, Israel, July 10th, 2014.
- Gaines, K. D., Isaacs, C., Horton, F. M., Doig, H. M., & Soper, H. V. (2010). Christensen and Rey Tangled-8 Tests for Executive Assessment. *Applied Neuropsychology*, 17, 211.
- Gaines, K. D., Bennett, T. L., Doig, H. M., Loo, M. M., & Soper, H. V. (2011). Effects of Aging on Memory. *Applied Neuropsychology*, 18.
- Poster: Executive Functioning Neuropsychological Deficits of Veterans Diagnosed with Mild Traumatic Brain Injury, July 16th 2012, Fielding Graduate University National Session

AUTHOR

- Zorick, T. Gaines, K. D., Berenji, G. Mandelkern, M.A. Smith, J. (2020). Information Transfer and Multifractal Analysis of EEG in mild blast-induced TBI. *Computational and Mathematical Methods in Medicine*.
- The Assessment of Malingered Posttraumatic Stress Disorder; Profile and Classification. (2020) 25th San Diego International Virtual Summit on Violence, Abuse and Trauma Across th Life-span. August 30-September 2, 2020. Institute on Violence, Abuse and Trauma.
- Langevin, J.P, Gaines, D, Choi E, Krah S.E., & Berenji G. (2015). Trigeminal nerve stimulation for the treatment of mild traumatic brain injury. NANS Annual Meeting, December 10-13, 2015, Las Vegas, NV.
- Ni, C., Gaines, K. D, & Berenji, G. R. (2014). Regional cerebral metabolism in veterans without traumatic brain injury (TBI). Society of Nuclear Medicine and Molecular Imaging Mid-Year Meeting.
- Jafari, L. Gaines, K. D., Alas, R., Diaz-Aguilar, D., Silverman, D., & Berenji, G. R. (2014). Regional cerebral metabolism changes in blast-induced traumatic brain injury and post-traumatic stress disorders.
- Berenji, G. R., Gaines, K. D., et al. (2014). Perception of sensory/perceptual deficits and cerebellar hypometabolism in recently deployed veterans with post traumatic stress disorder (PTSD). Society of Nuclear Medicine and Molecular Imaging Conference, MTA II: Neurology Posters
- Berenji, G R., Diaz-Aguilar, D, Gaines, K. D., et al. (2014). Lateralization of temporal metabolism observed in combat veterans in absent after traumatic brain injuries following blast exposures. Society of Nuclear Medicine and Molecular Imaging Conference, MTA II: Neurology Posters

- Loo, M. M., Doig, H. M., Gaines, K. D., Bennett, T. L., & Soper, H. V. (2011). Effects of Aging on Intellect. *Applied Neuropsychology*, 18.
- Loo, M. M., Doig, H. M., Gaines, K. D., Bennett, T. L., & Soper, H. V. (2011). Effects of Aging on Neuropsychology. *Applied Neuropsychology*, 18.
- Bennett, T. L., Loo, M. M., Doig, H. M., Gaines, K. D., & Soper, H. V. (2011). Effects of Age on the Cognitive Functioning of Children. *Applied Neuropsychology*, 18.

RESEARCH LAB EXPERIENCE

Institution: Vcare Research, Henry Soper, Ph.D. January 2010 – January 2011

- Research in the area of executive functioning (poster presented March of 2010 in ACPN conference and published in *Applied Neuropsychology*, American College of Professional Neuropsychology (see publication description below)
- Research assistant on dissertation in schizophrenia and mental health insight (completed short assessments for over 50 individuals diagnosed with schizophrenia)
- Research in the area of memory deficits in normal aging, presented in ACPN conference in March of 2011
- Research on the effects of aging on intellect and neuropsychological functioning, presented in ACPN conference in March of 2011
- Research on the effects of age on cognitive functioning of children, presented in ACPN conference in March of 2011
- Research and neuropsychological testing in the area of Apert Syndrome – case study November 2011-January 2013
- Research on delayed handedness

CLINICAL EXPERIENCE

Juvenile Justice, Alcohol and Mental Health, Santa Barbara, CA July 2011 – June 2012

- Forensic neuropsychological evaluations for the court
- Neuropsychological screening at the Los Prietos Boys Camp

- Individual and group psychotherapy at the Los Prietos Boys Camp
- Psychological evaluations and parental fitness evaluations for the court
- Formulating and presenting didactics and psychoeducation presentations in neuropsychology

Juvenile Justice, Alcohol and Mental Health, Santa Barbara, CA **July 2011 – June 2012**

- Formulating and presenting powerpoint presentations for institutional officers on psychology and neuropsychology in forensic settings.

Community Assessment Service Center, Van Nuys, CA **March 2009 – March 2010**

- Population: adult and adolescent, severely mentally disturbed, often extensive drug use, co-morbid mental health diagnosis
- Leader of 2 weekly group therapy sessions and 10 weekly individual therapy sessions for individuals diagnosed with co-occurring disorders such as schizophrenia, bi-polar, depression, anxiety, alcoholism, addiction, substance induced psychosis, etc., and for women-parents with co-occurring disorders
- Group therapy included coping with mental health diagnosis, finding dignity and self-respect, social and emotional connections, coping skills, and life skills
- Neuropsychological assessments using neuropsychological screening and a comprehensive neuropsychological battery
- Psychological assessments including biopsychosocial interview, screening, cognitive, personality, and projective measurements
- Substance abuse evaluations including administering urine test analysis

EDUCATION

Doctor of Philosophy (Ph.D.) in Clinical Psychology and Neuropsychology **Sep 2007 – July, 2012**

Institution: Fielding Graduate University

Dissertation project approved and funded by the Veterans Affairs of Greater Los Angeles in neuropsychology executive functioning and mild Traumatic Brain Injury – Executive Functioning Neuropsychological Testing of Veterans Diagnosed with Mild Traumatic Brain Injury. This research project was led by the director of Nuclear Medicine at the VA of Westwood, California.

Masters Degree (M.A.) in Clinical Psychology and Neuropsychology **Sep 2007 – June 2010**

Institution: Fielding Graduate University

Completed over 3000 practicum + internship hours in neuropsychological and psychological assessments, group therapy, individual therapy, and substance abuse assessment with juvenile offenders, forensic settings, parental fitness, the severely mentally disturbed population, battered women, and abused children. Completed training in forensic neuropsychology, child neuropsychology, geriatric neuropsychology, neuropsychological deficits related to substance abuse, head injuries, and developmental conditions, and treatment of co-morbid psychological diagnosis. Courses completed include: theories of personality, psychopathology, legal, ethical, and professional practice, psychological assessment, neuropsychological assessment, psychotherapy process, bases of behavior, research design and methodology, geropsychology, advanced topics in neuropsychology, child neuropsychology and advanced topics in research.

Bachelor of Science – Business Economics, minor in Accounting Sep 2002 – June 2004

Institution: University of California, Los Angeles (UCLA)

Scholarship award for academic excellence

Courses included: Game Theory, Econometrics, Business Ethics, Business Law, Applied Statistics, and Public Finance

Other Professional Experience:

Health Net, Inc., Woodland Hills, CA Sarbanes-Oxley Business Consultant Aug 2005 – Feb 2006

Deloitte & Touché, Los Angeles, CA Tax Associate July 2004 – Aug 2005

Current/Previous Professional Memberships

The International Society of Neuropsychology (INS)

The National Academy of Neuropsychology (NAN)

American Psychological Association (APA)

American Academy of Neurology (AAN)

Language: Fluent in Hebrew

References: Furnished upon request